Attachment B

Proposal Application
Identification Form,
Application, and Sample
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STATE OF HAWAII

THE JUDICIARY

FOR OFFICE USE	
JUD APP NO.	

PROPOSAL APPLICATION IDENTIFICATION FORM RESPONSE TO REP NO. J05160

	CRIPTION:
Check one: ☐ INITIAL PROPOSAL APPLICA ☐ FINAL REVISED PROPOSAL (TION (COMPLETED ITEMSONLY)
1. APPLICANT INFORMATION: LEGAL NAME:	Contact person for matters involving this application:
DBA:	Name
STREET ADDRESS:	Title
once noblect.	Phone #
MAILING ADDRESS:	Fax #
	e-mail
3. TYPE OF BUSINESS ENTITY:	7. DESCRIPTIVE TITLE OF APPLICANT'S PROGRAM:
□NON PROFIT CORPORATION □FOR PROFIT CORPORATION □LIMITED LIABILITY COMPANY □SOLE PROPRIETORSHIP □PARTNERSHIP	
4. FEDERAL TAX ID #:	8. Target Group:
5. STATE TAX ID #:	
6. STATE AND DATE OF INCORPORATION:	
9. Geographic area(s) applicant is able to s	serve: 10. General population(s) applicant is able to serve:
□East Hawai'i □ Kaua'i	□Infants and toddlers: 0-3 years of age
□West Hawai'i □ Leeward O'ahu	□Children 3-5 years of age
□Maui □ Central O'ahu	□Children: 5-10 years of age
□Moloka'i □ Windward O'ahu	□Adolescents: 10-18 years of age
□Lana'i □ Honolulu	□Adolescents & Adults: 18-21 years of age
	□Adults: 21-59+ years of age
	□Elders: 60+ years of age
	□Families
11. FUNDING REQUEST:	12. LICENSING AND BUSINESS STATUS QUALIFICATION:
FY:	12. EIGENSING AND DUSINESS STATUS QUALIFICATION.
FY:	□APPLICANT IS PREREGISTERED. □APPLICANT IS NOT PREREGISTERED-FORM SPO-H-100A AND
TOTAL:	REQUIRED DOCUMENTATION IS ATTACHED.
TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:	
AUTHORIZED SIGNATURE	Name & Title Date signed

Applicant	:	
RFP No	Page	of

Proposal Application

- I. Program Overview
- II. Experience and Capability
 - A. Necessary Skills
 - B. Experience
 - C. Quality Assurance and Evaluation
 - **D** Coordination of Services
 - E. Facilities
- III. Personnel: Project Organization and Staffing
 - A. Proposed Staffing
 - **B.** Staff Qualifications
 - C. Supervision and Training

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D. Organization Chart

Both the "Organization-wide" and "Program" organization charts shall be attached to the Proposal Application.

IV. Service Delivery

V. Financial

Pricing Structure

The following budget form(s) are submitted with the Proposal Application:

Other Financial Related Materials

VI. Other

A. Litigation



Organization: RFP No:

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I.	Prog	ram Overview1			
II.	Expo	erience and Capability			
	A. B. C. D. E.	Necessary Skills2Experience3Quality Assurance and Evaluation4Coordination of Services5Facilities6			
III.	Proj	ect Organization and Staffing			
	A. B. C. D.	Proposed Staffing			
IV.		ice Delivery			
V.	Attachments				
	A.	Cost Proposal			
		 SPO-H-205 Proposal Budget for FY 2006 and 2007 SPO-H-206A Budget Justification - Personnel: Salaries & Wages SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits SPO-H-206C Budget Justification - Travel: Interisland SPO-H-206E Budget Justification - Contractual Services - Administrative 			
	В.	Other Financial Related Materials			
		1. Financial Audit for fiscal year ended June 30, 2004.			
	C.	Performance and Output Measurement Tables			
	D.	Program Specific Requirements			